## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10641355

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |              |                                      |                      |                  | SMALL ENTITY TYPE OF |                        |    | OTHER THAN SMALL ENTITY |                        |
|--|--|---|--------------|--------------------------------------|----------------------|------------------|----------------------|------------------------|----|-------------------------|------------------------|
| TOTAL CLAIMS   |  |   | -21          |                                      |                      |                  | RATE                 | FEE                    | 1  | RATE                    | FEE                    |
| FOR  |  |   | NUMBER FILED |                                      | NUMBER EXTRA         |                  | BASIC FE             | ₹ 375.00               | OR | BASIC FEE               | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | ≥1 minus 20= |                                      | * /                  |                  | X\$ 9≈               |                        | OR | X\$18=                  | 18                     |
| INDEPENDENT CLAIMS   |  |   | / minus 3 =  |                                      | *                    |                  | X42=                 |                        | OR | X84=                    |                        |
| ми   | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT       | ESENT                                |                      |                  | +140=                |                        | OR | +280=                   |                        |
| * If   | the difference                                 | in column 1 is                            | less than ze | ess than zero, enter "0" in column 2 |                      |                  | TOTAL                |                        | OR | TOTAL                   | 768                    |
| CLAIMS AS AMENDED - PART II  |  |   |              |                                      |                      |                  |                      |                        |    | OTHER THAN              |                        |
| <b> </b>   |  | (Column 1)                                |              | (Colur                               |                      | (Column 3)       | SMAL                 | ENTITY                 | OR | SMALL                   | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID        | BER<br>DUSLY         | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | *   | Minus        | **                                   |                      | =                | X\$ 9=               |                        | OR | X\$18=                  |                        |
| AME  | Independent                                    | *   | Minus        | ***                                  | CLAIM                | -                | X42=                 |                        | OR | X84=                    |                        |
| ╚  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                      |                      |                  |                      |                        | OR | +280≃                   |                        |
|  |  |   |              |                                      |                      |                  |                      | L                      | OR | TOTAL<br>ADDIT. FEE     |                        |
|  |  | (Column 1)                                |              |                                      |                      |                  |                      |                        |    |                         |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID        | BER<br>DUSLY         | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus        | **                                   |                      | =                | X\$ 9=               |                        | OR | X\$18=                  |                        |
| AME  | Independent                                    | *   | Minus        | ***                                  |                      | -                | X42=                 | 1                      | OR | X84=                    |                        |
| ┞  | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |              |                                      | CLAIM                |                  | +140=                |                        | OR | +280=                   |                        |
| 1  | TOTAL ADDIT. FEE                               |   |              |                                      |                      |                  |                      |                        |    | TOTAL<br>ADDIT. FEE     |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |              |                                      |                      |                  |                      |                        |    |                         | <del></del>            |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID        | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
| Š  | Total  | *   | Minus        | **                                   |                      | -                | X\$ 9=               | 1                      | OR | X\$18=                  |                        |
| AME  | Independent                                    | *<br>NTATION OF M                         | Minus        | ***                                  | CLAIM                | -                | X42=                 |                        | OR | X84=                    |                        |
| ╚  | T INOT PRESE                                   | INTATION OF M                             | OCT TE DE    | FLADEN                               | CLAIM                |                  | +140=                |                        | OR | +280=                   |                        |
|  |  |   |              |                                      |                      |                  |                      |                        |    | TOTAL                   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE OR ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                      |                      |                  |                      |                        |    |                         |                        |